

DSS/SETA EVENT REQUEST

REQUESTOR

Event POC:		Date:	
Phone:	Fax:	Cell:	
Email Address:		DSN:	
Address:			
City:	State:	ZIP Code:	

SPONSORING ORGANIZATION

***Government**

Organization/Agency:
Government Email (.gov/.mil):

***Cleared Contractor**

Company:
CAGE Code:

***Contractor**

Company:	
DUNS:	DODAAC:

***Other means of verifying a Government affiliation:**

EVENT INFORMATION

Event:	
Event Topic:	
Booth: YES _____ NO _____ Date(s):	
Speaker Topic (if Known):	
Objective:	
Event Location:	
Start Date:	End Date:
Presentation Date(s):	Length of Presentation:
Travel Dates:	
Number of Participants Expected:	Type of Audience: __Government __Contractor __Both
Other Information:	

SPEAKER/BOOTH EXPENSE REIMBURSEMENT AVAILABILITY (GOVERNMENT FUNDED ONLY)

Speaker Fee: YES _____ NO _____	Travel Expenses: YES _____ NO _____
Comments:	

INFORMATION AFTER EVENT (DSS USE ONLY)

Final Number of Attendees:

***Please provide information for at least one of these to acquire DSS/SETA Event Scheduling.**

Submit by: Email security.awareness@dss.mil or Fax (410) 865-3159

Contact the DSS/SETA Resource Center at security.awareness@dss.mil or 410-865-3121 for more information.